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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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-01/15/9901071009	
*****70.00 _*****70.00 _	

SUBJECT:	TVavida 5 5000 TWC (Proposed corporate name - must include suffix)	-	
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Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

□ \$78.75 Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

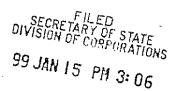
Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Tuanida Santos - Travilla 'S Name (Printed or typed)	Salon, In
RIS 13th Aug N. H.R. Address	
Lake worth Florida 33460 City, State & Zip	
561-585-611 Daytime Telephone number	• •

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be:
Ivanilda's salow, INC
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
815 134 AND W. #8
Lake worth, Florida 33460
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
Ivanilda Savios
1372 and AVR D# 12
Lake worth, Florida 33460
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
· · · · ·
1372 2nd Ave D. # 12
Lakeworth, Florida 33460
Debalda Sados 1/11/98
Signature/Incorporator / Registered Agent / Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent	Date